

A. L. Heath.

MEMORIAL

SOLICITING ADEQUATE APPROPRIATIONS

FOR THE CONSTRUCTION

OF A

STATE HOSPITAL FOR THE INSANE,

IN THE

STATE OF MISSISSIPPI.

FEBRUARY, 1850.

by D. L. Dix

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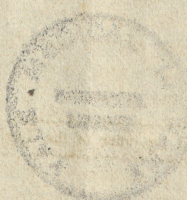
MEMORIAL

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FOR THE CONSTRUCTION

STATE HOSPITAL FOR THE INSANE

STATE OF MISSISSIPPI



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MEMORIAL

To the Honorable, the General Assembly of Mississippi.

GENTLEEN: A sense of moral and social obligation; a duty created through painful knowledge of the woes of suffering humanity, urges my appeal to you in your Legislative capacity, convened as you are, to deliberate and act upon measures for the advancement of the general prosperity and security of your State, as also for the social, well being and interests of your constituents and their dependents.

Occasionally in the progress of Legislative councils, questions of grave moral obligation arise, and are urged with more or less earnestness, according to the measure of their importance, or the appreciation of their importance, by those who are required to investigate their merits.

Your memorialist respectfully and earnestly solicits your careful attention to the actual wants of the insane in Mississippi, who, as a numerous and increasing class of sufferers, present peculiar and imperative claims on your care. Suffering under the most distressing malady which can assail our race, they are, by a great and acknowledged law of civil society and social life, made *wards* of the State, and as such claim, liberal and humane restoring cares. The obligation of all governments to extend efficient patronage, or primarily to found and support institutions for the remedial treatment of the insane, has been admitted alike by all civilized nations of modern times, and acted upon with more or less liberality, as ability and circumstances have determined. In the United States especially within the last half century, hospitals for the insane have been multiplied, yet we are startled, almost appalled, by the fact, that the settled portions of our country contain, at the most moderate estimate, 22,000 insane men and women; and of this most distressed multitude, less than 5,000 are receiving the benefits of appropriate curative or protecting care. The malady is becoming more prevalent; the cases curable, under prompt and suitable treatment, are yet, through neglect, fast multiplying on the incurable lists, and more urgent claims indicate that the interests of political economy, no less than the charities due to humanity, call for effectual Legislation in behalf of the insane.

"There are twenty State hospitals, besides several incorporated hospitals, for the treatment of the insane, in nineteen States of the Union, Virginia alone having two government State hospitals. The following is a correct list, omitting several small establishments conducted by private individuals, and several pretty extensive poor-house departments.

The first hospital for the insane in the United States was established in Philadelphia, as a department of the Penn Hospital, in the year 1752. This has been transferred to a fine district near the village of Mantua, in the vicinity of Philadelphia, since 1832: number of patients 188.

The second institution receiving insane patients, and the first exclusively for their use, was at Williamsburg, Virginia, in 1773: number of patients 165.

The third was the Friend's Hospital, at Frankfort, near Philadelphia, in 1817: number of patients 55.

The next was the McLean Hospital, at Charlestown, (now Summerville,) in Massachusetts, in 1818. This valuable institution is second to none in America. Number of patients 180.

Bloomington Hospital, near the city of New York, was established in 1821: number of patients 126: South Carolina Hospital, at Columbia, in 1822; number of patients 104: Connecticut Hospital, at Hartford; patients 122, and Kentucky Hospital, at Lexington, patients 247, in 1824.

In 1845-'46, the Legislature of Kentucky passed a bill to establish a second State Institution in the Green River country.

Virginia Western Hospital was opened at Staunton in 1828; number of patients 217. Massachusetts State Hospital, at Worcester, was opened in 1833, and enlarged in 1843; it has 370 patients. Maryland Hospital, at Baltimore, was founded in 1834; it has the present year 109 patients. Vermont State Hospital, at Battleborough, was opened for patients in 1837, and enlarged in 1846-'47; it has at present 321 patients. New York City Hospital for the poor, on Blackwell's island, was occupied in 1838; it is now being considerably enlarged: and has above 400 patients.

Tennessee State Hospital, at Nashville, was opened in 1839. According to an act of the Legislature in 1847-'48, this hospital is to be replaced by one of capacity to receive 250 patients. In the old hospital are 64 patients. Boston City Hospital for the indigent, which has 150 patients, and Ohio State Hospital, at Columbus, were severally opened in 1839. The latter has been considerably enlarged, and has now 329 patients. Maine State Hospital, at Augusta, 1840; patients 130. New Hampshire State Hospital, at Concord, was opened in 1842, and has above 100 patients. New York State Hospital, at Utica, was established in 1843, and has since been largely extended, and has 600 patients. Mount Hope Hospital, near Baltimore, 1844-'45: has 72 insane patients.—Georgia has an institution for the insane at Milledgeville, and at present 128 patients. Rhode Island State Hospital was opened, under the direction of Dr. Ray, early in 1848. New Jersey State Hospital, at Trenton, 1848. Indiana State Hospital, at Indianapolis, opened in 1848. State Hospital of Illinois, at Jacksonville, was occupied before 1849. The Louisiana State Hospital will be occupied perhaps within a year.

It will be seen that Mississippi is one of the few States in which no provision has yet been supplied for the recovery of the demented and the maniac. Such as have received the advantages of hospital treatment have, under very difficult and painful circumstances of fatigue and expense, been conveyed to institutions in other States, more or less remote; but there are *many* who languish in inappropriate habitations, in wretched poverty-stricken dwellings—in ill-directed poor houses; in exposed pens, or dreary, unlighted and unventilated cells; and in those most unfit departments, the solitary strong rooms or the dungeons of your county jails—guiltless of crime, chargeable only with incapacity for self-care, and irresponsible, by reason of sickness—physical infirmity and the breaking down of the fortress of reason!

A wise and enlightened State policy promotes the application of public improvements; and canals, and plank roads, and railroads, attest the zeal and enterprise which opens the resources of the country, and conducts to every district the channels of inflowing wealth; yet are the insane suffered to shriek and wail, and wear slowly out an existence of unmitigated misery; and the blind, and the deaf and dumb sit in mental darkness, and institutions of general and common school instruction struggle on, year after year, with few or no substantial evidences of public fostering care. That this course has no basis in sound, wise policy, is too evident to need demonstration. The chief province of legislators, it is allowed, confines them to the more practical business of the country; but intelligent humanity has marked other paths, which conduct to noble acts and great and glorious results.

I am not unaware that the legislature of Mississippi, at the close of the session of 1848, recognized the deficiencies and obligations of the State, in connection with the miseries of the insane, by the passage of an act which, no doubt, in all good faith, was designed to accomplish, in part, at least, benefits so imperatively demanded.

Your memorialist must believe that it was want of correct and sufficient information, rather than the want of a just liberality, which determined the amount of the very insufficient appropriation which was made for the construction of hospital buildings. Citizens of Mississippi, surely, cannot be chargeable with narrow parsimony. Fairly understanding the merits of the case, they will not hoard their gold and condemn to a more terrible than physical death, the insane within their own borders—their fellow-citizens, their friends, and their kindred!

In 1840, ten years since, according to the records of the United State census, there were in the State of Mississippi one hundred and ninety-eight cases. These did not embrace the many patients whose kindred, being in affluent circumstances, were able to place them in the hospitals of sister States, as in Tennessee, Kentucky, Ohio, Pennsylvania, and others. According to reliable data, the lowest possible estimate of the insane in this State is

four hundred; but there is substantial reason for believing that this estimate is much below the standard, and that the census of 1850, if correctly made, will show from four hundred and fifty to five hundred.

To those who have not investigated facts, these estimates must appear to be greatly exaggerated; but patient inquiry and careful observation will, it is certainly known, afford results no less painful and revolting, than unanticipated and unimagined.

Of the entire number of the insane counted throughout the State, it is not assumed that all, or even one-half, would be essentially benefited by hospital treatment; but, from one hundred to one hundred and seventy-five or two hundred, would be fit subjects for remedial care, or the protecting and *humanizing* influences which appropriate institutions furnish.

An institution for the insane requires peculiar arrangements for the classification, association, or the isolation of the patients, in the various stages of the malady. The violent maniac must be parted from the quiet patient; the convalescent from those whose cases are either hopeless or stationary; those suffering under the access of other maladies, in addition to the general invalidism of insanity; also, the men from the women, and the workers from such as are incapable of pursuing employments and enjoying recreative exercise.

Dr. Zeller observes that, of the first essential considerations, it is needful to prevent the patient from injuring himself or others. He must be placed in a situation which will guard off all violent acts. 2d. His morbid propensities must be controlled, and all his real wants carefully and constantly supplied. In arrangements for hospital buildings, the following rules must be heeded.

"1st. Those which have reference to general salubrity of climate, supplies of water, light, and air.

"2d. The most practicable *security* and *preservation* of the patients, especially for the violent and destructive classes; and these considerations involve heavier outlays, in construction of buildings, than in edifices destined for any other purposes."

Institutions for the insane can never be made productive property to States or communities; but, once constructed, furnished, organized and opened to patients, after the first year may be self-supporting—that is, the indigent and pauper patient, paying by counties or townships the *actual cost* only of their support in the hospital, (a sum varying from \$1 75 to \$2 or \$2 50 per week,) and the paying patients, in affluent circumstances, rendering from \$3 to \$10 and \$15 per week, according to the accommodations furnished, and special nursing and watching required, meet the current expenses of the institution.

To illustrate this position, I refer to the annual reports of several State hospitals:

Vermont hospital, at Brattleboro, 312 patients; expenditures,

in 1848, \$30,975 93; income from the board of patients, \$31,295 34.

Massachusetts State hospital, 1847: number of patients, 396; receipts, \$45,662 92; expenditures, \$1,235 61 less than the current income. The year 1846 shows upon the books a balance in favor of the hospital of \$6,218 47. This was applied to repairs and various improvements.

South Carolina hospital, at Columbia, in 1844: patients, 72; receipts and outlays balanced, being \$20,985 95—\$8,222 61 being applied to the construction of a new wing.

Connecticut hospital for the insane, with 122 patients, received \$23,760 17, which balanced actual expenses.

Pennsylvania hospital, with 208 patients, nett receipts, \$40,180 53; total expenditures, including building a cottage and repairs, \$40,150 80.

References might be multiplied, but it is believed that the above will suffice for illustrating the capability of these institutions, when rightly managed, to stand independent of the State treasury.

It may be interesting to note appropriations made in different States from time to time, for extending and improving as well as for establishing in the first instance, hospitals for the insane. It will not be attempted to produce complete records of every institution.

The first appropriation for the Connecticut hospital in 1824, was \$26,000. Shortly after, the additional sum of \$40,000 was applied; since which, about \$60,000 have been expended in additional buildings, and in purchasing a large farm.

The Pennsylvania hospital opened in 1840, cost \$325,000; since which a large amount has been applied in extending accommodations. The central buildings and main wings present an eastern front of 436 feet: the dimensions of the two wings I do not certainly recollect; but the detached buildings, and apart from the cottages, are 95 feet in length. The entire institution is completely finished and furnished, and affords excellent accommodations for every class of patients.

The New York State hospital buildings cost the State more than half a million, including furnishing, &c.

The cost of the Bloomingdale hospital, near the city of New York, including all out-buildings, furniture and improvements, was more than \$200,000. Number of patients varies; 126 present average. The farm and vegetable gardens are productive, and in a state of high cultivation.

The Rhode Island hospital for the insane, at Providence, cost \$81,300. Farm and improvements, \$10,648 37. Furniture, \$6,800. Incidental expenses, \$8,334 82.

The McLean hospital, at Somerville, Massachusetts, was established and has been sustained entirely by private benefactions. The largest legacy from Mr. McLean of Boston, whose name it

bears, was \$100,000; the next largest was from Miss Mary Belknap, whose name is given to one wing, constructed at a cost of \$90,000, which sum she gave for that use. The institution can accommodate about 150 patients, and has cost in buildings and improvements over \$300,000.

The Massachusetts State hospital has cost something less than \$280,000; it can receive 400 patients. The buildings present a front of 525 feet, with six wings, making a range of 2,000 feet, beside extensive out-buildings, workshops, sundry barns, &c. There is a farm of 150 acres, and gardens in fine cultivation.

New Jersey State hospital, at Trenton, may in all respects be regarded as a model institution; it cost \$153,000, and for the accommodations it affords, and excellence of its construction is one of the best and cheapest institutions in the United States. As is usual in establishing all modern hospitals for the insane, an extensive and productive farm is attached to the establishment.

The buildings, furniture, and improvements of the Ohio State hospital have cost above \$230,000. It can now accommodate about 400 patients.

"Friends Asylum," at Frankfort, Pennsylvania, receives from 40 to 60 patients; has good buildings and nearly 70 acres of land, and the original buildings had cost, in 1816 and 1817, \$46,000. Considerable sums have since that time been expended on improvements.

The original cost of the Maryland hospital for the insane, with accommodations for 120 patients, was \$200,000. The necessities of the State demand much additional provision for this class of citizens, and Governor Thomas, in the last annual gubernatorial message, refers to the subject as follows:

"Full estimates have been made, pursuant to resolutions, of the cost of additional buildings to the Maryland hospital, suitable for the accommodation of the insane persons in the alms-house, at Baltimore, and for the insane poor, unprovided for in the State. The plan contemplates the erection of two wings, extending two hundred and fifty-two feet each, from either end of the present building, and designed to accommodate one hundred and fifty patients; the cost of these is accurately estimated at \$74,519; but if steam is substituted for heating, in place of air furnaces, the cost will be \$81,518. It must be recollected that these buildings, if erected for the number of patients above stated, will not accommodate one-half of the insane now requiring hospital care in the State."

Large appropriations, within three years, have been made for adding new wings to the two State institutions at Staunton and at Williamsburg, Virginia; these are finished and crowded to their utmost capacity, and it is a question if sound State policy does not demand a third hospital capable of receiving 280 patients in that State. Hundreds of insane patients there are still lodged in the dungeons of jails and cells of poor-houses.

North Carolina passed a bill in 1843, appropriating \$87,500 46 for hospital buildings, exclusive of all contingent expenses, and with the full understanding, that for 250 patients, the building would cost, when fully completed, \$100,000.

South Carolina, in addition to large sums applied to building purposes from time to time, appropriated \$8,222 61 to building a small wing in 1844. In 1847, new appropriations were solicited and applied; in 1848, \$15,000 was appropriated for another wing; to this the surplus funds of the hospital were added, and Dr. Trezevant, now at the close of 1849, reports "the hospital inconveniently crowded for some months, the corridors occupied, as well as the lodging rooms, and 140 patients under charge during the year, the average being 104. It must be kept in recollection, that large numbers of paying patients are annually conveyed from the southern States to northern institutions, in which the means of comfort, care, and cure are more amply provided. This should not be necessary, and it would not be, if the outlays by the State legislatures were as ample as the real wants of the people demand. Of 1320 patients in one northern hospital alone, in a few years there have been 131 of the rich paying patients received from the South. In another hospital, of 93 patients under treatment in 1848, only 71 belonged within the State.

Of 142 patients in the Maryland hospital in 1843, 39 were from southern borders.

In 1837-'38, Georgia purchased a tract of land near Milledgeville, and adopted a plan embracing two buildings, each 4 stories high, 129 feet long, and 39 wide, parallel to and distant from each other 222 feet, which space was left for the foundation of a third building, touching the corners of each of the two first, and to be 40 feet in width, and connected with the first named wings by a verandah on each. The first appropriation to begin and complete one wing, was \$45,000. I have not with me the memoranda to show certainly the appropriations made since 1840, but the second wing was finished and occupied several years since.

Louisiana is building a hospital for the insane at Jackson, upon a well chosen site, and with means to make an excellent institution.

Indiana State hospital is not yet finished, but urgent need demanded the occupation of a part of the institution, and 104 patients were admitted under very disadvantageous circumstances, during the first eleven months from the completion of one wing. This hospital is well managed, and is skilfully directed by an experienced physician. It presents a front of 300 feet, *four* stories high, with attics on the centre, and the extreme ends. Its cubical contents are 820,000 feet; its cost, not including the farm, the improvements, nor the furniture, \$70,000, or 8½ cents per cubic foot. The roof is of slate, and the whole presents a finished and hand-

some appearance highly creditable to the indefatigable and skillful architect, Joseph Willis.

The farm, garden, grounds, &c., writes Dr. Patterson, under the judicious management of Mr. Bradshaw, the Steward, have produced abundantly, so far as we have been able to cultivate it during the past season. It has furnished desirable employment for our male patients, and will aid materially in defraying the current expenses of the institution during the year. It has produced during the season :

500 cords of Wood,
1000 bushels of Corn,
200 bushels of Potatoes,
200 bushels of Apples,
200 bushels of Oats,
5000 lbs. Pork.

Besides a plentiful supply of cabbage, beets, onions, parsnips, tomatoes, beans, peas, and other garden vegetables, and it has also afforded twenty acres of pasture for the use of the hospital. One and a half miles of fence have been constructed, enclosing the front grounds and eighty acres of wood-land, and the farm has been supplied with stock and farming utensils. These have added considerably to the expenses of the year, but as the farm is now supplied with the necessary implements, the expense of managing it during the coming year, will be less than it has been during the past,

The grounds have been marked out, but they are yet to be graded and ornamented with evergreens and other shrubbery ; and a hospital cemetery has been selected and neatly enclosed with a board fence

While the male patients have been engaged in agricultural pursuits and other out-door employments, the female patients have been industrious within doors, and, under the direction of the Matron, they have made for the use of the institution,

400 Sheets,
100 Bed-spreads,
160 Comforts,
224 Pillow cases,
120 Under bed-ticks,
50 Window curtains,
40 Dresses,
4 Double mattresses,
50 Table cloths,
20 Pairs of pantaloons,
130 Pillows,

And besides this, they have done a large amount of mending, some ironing, washing, and other house-work.

Of the 104 patients first received, 79 were natives of other States. Eighty of the one hundred and four patients in this institution, are supported by the State, at the cost of \$8,000. A library was purchased for a little less than one hundred dollars, for the use of the patients. Indeed, in the outset, the plan here has been to *cure* the patients, by supplying, at once, all means possible at command, for their comfort and recreation.

While Indiana has been building her hospital for the insane, she has also been making efficient and very liberal appropriations for the blind, and for the deaf mutes. The architect for constructing the State buildings for the residence and education of the latter, reports as follows:

"The buildings consist of a centre 74 by 56, four stories, and a basement, and surrounded by a dome or cupola, the top being 105 feet from the ground. The whole roofings are of slate. A doric portico is sustained by a platform 30 feet by 11, and like the dome, covered with copper. The wings are 60 feet by 33; attached to these are transverse wings; the entire length is 256 feet. In the rear are the school-house and chapel, two stories high, and 134 feet long, covered with slate and rough-cast with lime and sand, and hydraulic cement. The cubical contents of these buildings are 964,000 feet; the cost of building, without furnishing and improving, \$55,000.

"Number of teachers, four; number of pupils, 125; 80 males, 45 females; expenses of the school, \$9,369 09. The valuable farm connected with the school is about to be enclosed, and brought under cultivation."

Tennessee is now building a State hospital, which will accommodate 250 patients; as is expedient and invariable in establishing all modern hospitals for the insane, a large farm is attached to the site.

Kentucky has extended her accommodations for patients by constructing new wings at the hospital in Lexington, and is building a new and much needed institution, on a liberal scale, in the Green river country.

All modern experience, both in our own country and in Europe, proves the importance of connecting extensive grounds with hospitals for the insane, as well as establishing these institutions beyond the borders of towns and cities, viz: at a distance varying according to circumstances, of from one to two miles.

Every institution should have sufficient land to furnish the patients with ample employment in its cultivation. Means should be afforded for the cultivation of vegetable and flower gardens, as well as for producing the heavier crops of the farm or plantation. From one to three hundred acres is usually secured. Cases of chronic insanity are especially benefitted by out-door labor, and by daily useful employment of some sort. Whether the attention is directed to the gardens, the plantations, ornamenting the grounds,

repairing out-buildings, fences, &c., the advantage to the patient exceeds the value of the mere returns for labor. It often restores the curable, and gives health, cheerfulness, and contentment to the feeble.

"During the past year," writes the physician of the Maryland State hospital, "our efforts to supply the inmates with ample means of *useful employment*, exercise in the open air, and amusements adapted to their tastes and habits, *have been unremitting*. In carrying out the moral treatment, these means *are* indispensable." The reason is obvious; well-timed employments, well selected amusements attract the mind from its delusions and fix it on other objects. The sound faculties are thus called into action and invigorated. Indeed, among all the agents for moral discipline, none supersede manual labor.

Of 99 men patients, at the Baltimore hospital, 45 were habitually employed in some useful labor: and of 57 women at the same period, all but 11 were usefully and pleasantly occupied. Regular exercise and amusements, alternating with a suitable amount of labor, promote refreshing sleep, tranquilize the nervous system, and revive cheerfulness, and tend to restore self-control.

Dr. Laborde, of South Carolina, says, in a report of the committee of regents of the State hospital at Columbus, that the beneficial effects of *employments* cannot well be over-rated, and that these must be diversified to suit the health and abilities of the patients; but none takes so high a place as a curative means, as gardening and agriculture. A farm is as necessary as a physician, and more valuable than all the drugs of the apothecary.

Dr. Allen, of Kentucky, and Dr. Stribling of the Western State hospital, at Staunton, Virginia, state in their annual reports, their sense of the value of the farms severally attached to the hospitals, they conduct as assisting, not only largely in meeting supplies for the institution, but much more as aiding the recovery of their patients.

Dr. Chandler, in the 15th annual report of the Worcester hospital, gives as follows, his opinion and experience on the value of farming labor for the patients, as well as the profitable returns, through the same, in favor of the establishment:

"Farming and horticulture, for the past year, have been pursued by us with our customary success. The crops have been abundant, as the subjoined enumeration will show. Our attention has been turned less to the raising of corn and potatoes than to other crops. The tilled soil here is not adapted to produce the potato of the best quality. It is too light and sandy, or it may be that a rotation of crops is needed to resuscitate the soil.

"Such crops as require the most care and labor, which we have in the ready assistance of our patients to bestow, give the largest returns for the number of acres cultivated. We require a large amount of garden vegetables. It would be difficult to

purchase our supply of them; but we are, by the situation of our gardens, and by the assistance of patients, conveniently situated for raising them. The following are some of the articles, with their value:—

122 bushels of corn at 90 cents.....	\$ 109 80
300 bushels oats at 50 cents.....	150 00
11 bushels dried beans at \$1 25 cents.....	13 75
9 bushels dry peas at \$1.....	9 00
240 bushels beets at 34 cents.....	81 60
186 bushels English turnips at 25 cents.....	46 50
30 bushels Swedish turnips at 25 cents.....	7 50
258 bushels potatoes at 50 cents.....	129 00
80 bushels parsnips at 67 cents.....	53 60
30 bushels apples at 50 cents.....	15 00
135 bushels onions, at 67 cents.....	90 45
1800 cabbages, at 4 cents a piece.....	72 00
12 tons of winter squashes at 1 cent per pound...	240 00
44 bushels of green peas.....	44 00
110 bushels summer squashes.....	55 00
156 bushels cucumbers, at 75 cents.....	117 00
oat straw.....	40 00
36500 quarts of milk at 3½ cents.....	1277 50
8461 pounds of beef at 6¼ cents.....	528 81
9313 pounds of pork at 7½ cents.....	698 47
120 pounds of poultry at 10 cents.....	12 00
167 pounds of veal at 6 cents.....	11 82
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	\$3802 20

"A full supply of summer vegetables, for the use of the establishment, was raised from our two gardens, comprising about six acres of ground.

"There was raised for wintering the stock:—

60 tons of hay at \$13.....	780 80
1176 bushels of carrots at 25 cents.....	294 00
7 loads of pumpkins.....	10 00
corn fodder.....	15 00
	<hr/>
	\$1099 80

"Twenty cows and two oxen were pastured on the farm. There are about one hundred and fifty acres now attached to it, and it is all absolutely needed for, the uses of the hospital.

"The live stock now consists of four horses, four oxen, seventeen cows, twenty-six swine, and seventy fowls.

"In the shoe-shop, from two to five patients have worked daily with Mr. David Hitchcock. They have not at any time been

urged to work hard, but they go there as an amusement, and to keep their minds occupied by something besides their own delusions. Some have completed their recovery, and probably hastened it too, by being employed here."

It appears unnecessary to adduce additional evidence of the *necessity* for connecting a considerable tract of arable land with a hospital. Not less absolute is the demand for an *inexhaustible* supply upon the premises of *pure water*. These objects being secured, and a somewhat elevated site chosen, the next essential consideration is a *liberal* appropriation for the *substantial* construction of *well planned, fire-proof buildings*. The recently constructed hospital at Trenton, New Jersey, affords a model from which but few deviations need be made, to adapt it to the wants and accommodation of a like number of patients (about two hundred and fifty) in Mississippi. It is well known that a permanent, solid structure, such as your improving State *now needs*, cannot be built for less than eighty or one hundred thousand dollars. All attempts at abridging expense, in works for these purposes, are eminently mistaken and ill-judged. In support of this unqualified assertion, I refer to the history of *all* institutions for the insane in the United States and in England.

"*Liberal outlays*," writes Dr. Luther V. Bell, an authority which none will question, at home or abroad, "*liberal outlays* are indispensable to the prosperity and success of the hospitals for the insane." He remarks that, during a recent tour in Europe, for the purpose of visiting the most approved hospitals, he everywhere found "*this principle recognized, and declared to be the practical fruits of the experience of institutions brought into existence within thirty years. The principle is this, that there is no such thing as a just and proper curative or ameliorating treatment of the insane in very cheaply constructed or cheaply arranged institutions. That the measure of expense should never be regarded in providing for the insane.*" If it is worth while to have institutions at all, it is worth while to have such as will accomplish all of care and cure which is practicable.

"*Every State*," writes Dr. Woodward, "*should make ample provision for the cure of insanity, whether it is found in the rich or the poor classes of society.*" All so afflicted need this guardian and remedial care, and all should have it. What outlay of dollars can compare with the blessings of restoration to reason? Who can weigh gold against the value of the right use of reason?

The importance of early, prompt hospital treatment, also, cannot be too strongly enforced.

Dr. Trezement, a name of influence in Carolina, commenting on this subject, declared that "nothing could excuse the friends of insane persons, and the commissioners acting for the insane poor, from *early* sending these to receive the benefits of appropriate

hospital care;" for, he adds, "it is proved by incontestible facts that it is *cheaper to do so, and far less expensive, in the end, for those who are charged with the support of these unfortunate persons. Retrenchment has been the curse of the poor, but especially of the insane poor.*" "When the mind is warped and the reason gone, *no circumstances should be considered valid* in preventing hospital care."

"The great importance of *early treatment.*" writes Dr. Fisher, of Maryland, "should be impressed on the public mind with renewed and imperative emphasis. In the treatment of insanity, almost everything depends on the first few months. Of the cases placed in a well regulated hospital, *within the first twelve months* of the invasion of the disease, from eighty to ninety per cent. will be fully restored. After the lapse of this period, the proportion rapidly declines;" and, as writes Esquirlo, "after the third year, no more than one in *thirty* recover."

Dr. Stribling and Dr. Galt, of Virginia, urge, in every annual report from their institutions to the State legislature, the great importance of prompt, efficient care for all classes of the insane, and show by examples too numerous to quote, the obligation of rendering remedial treatment in the *first months* of the attack; but their views are common to all medical men whose cares have been directed to the treatment of insanity.

Dr. Stribling in a recent report, writes as follows:

"Of one hundred and fifty-eight cases now in the asylum, who are in all probability doomed for life to endure the burthen of remediless disease, how many might have been restored to reason, to usefulness, and to happiness, had weeks or only months been permitted to elapse before suitable resources were resorted to for their relief; but years went on, and at last, the anxious and exhausted friends bring to the asylum a long afflicted patient, laboring under a *fixed* malady, and for whom our best cares result in little more than soothing the pathway to the tomb!" In connection with this plain and truthful exposition, I find the following official record: "Received 151 cases of *less than one year's* standing:—of these, 119 recovered; 17 were relieved; 4 wholly unimproved, and 11 have died." What can more forcibly illustrate the value and obligation of early hospital care and treatment for the insane?

The report of the Superintendent of the Pennsylvania Hospital, for 1848, shows—cured, 120; much improved, 23; improved, 24; stationary, 19; died, 17. Total, 203.

The history of a large proportion of cases which may be traced, and which have passed into a chronic state, show that had remedial measures been promptly adopted, many might have been restored to sound health and reason, and thus to ability to share in the duties of life, and those acts which make every rational individual an assistant in sustaining the social and civil organization of society. It is not a theoretical supposition, but a fact capable of absolute

demonstration, in every State and country where hospital treatment has been developed, that though the first expense of maintaining a patient in a hospital is greater than in a jail, a poor-house, or a private dwelling; yet, in consequence of the number cured, and the small number of *early* treated cases which remain on charge, the *final* expense is much less than if they are suffered to drag out a wretched existence, laboring under the infliction of a distracted or demented mind.

"A point of great importance," writes Dr. Buttolph, of the New Jersey State Hospital, "and one that should be distinctly understood, and *conscientiously* acted upon by friends of the insane, is that *appropriate curative* treatment be resorted to *early* after the attack. The statistical records of institutions for the insane, in all countries, show that a much greater per centage of recoveries occur of the patients treated within the first few months of the attack, than those in whom it has existed for a longer period."

Dr. Bates, of the State Hospital, at Augusta, Maine, records of cases admitted *within one year after the attack*, 52 recovered; 25 unimproved, improved, and died. Of those admitted in 1848, after more than one year's duration of disease, only 8 recovered; 38 remained improved, unimproved and died." In the McLean asylum, the same year, "87 were discharged, restored; 8 much improved; 16 improved; 21 underwent no important change."

Referring to authentic hospital records, too copious to transfer to these pages, I find the following summary: In the Massachusetts State Hospital, in 1843, *twenty-five old* cases had cost \$54,157 00; average expense of these \$2,166 20. Whole expense of *twenty-five recent cases* till recovered, \$1,461 30; average expense of *twenty-five recent cases* \$58 48.

In the Western Hospital, Virginia, twenty old cases had cost \$41,633 00; average cost \$2,081 65. Whole expense of *twenty recent cases*, \$1,263 00; average expense of *twenty recent cases* till recovered, \$63 23. The cost of supporting 102 cases in five different hospitals, had amounted to \$201,336 00, on an average for each to \$1,973 88; while in the same institutions the cost of *same number of recent cases discharged, cured*, amounted to only \$6,068 60, or to an average of \$59 49.

In one single institution in New England, three cases of incurable insanity first admitted, have already cost their friends \$11,100 00, or \$3,700 00 each; while the three last cases of recovery have cost \$170 74, or only \$56 96 each. The old cases, so far as is apparent, had they been brought under early treatment, might have been recovered, and not have remained a sorrow of heart and a burthen on the resources of their friends; the last, which were recent cases, are already sharing in society the duties of life.

In 1844-'45, 104 patients were discharged, recovered, from the Massachusetts Hospital, whose cases were *recent* at the time of admission; at the same hospital, the per cent. recovery in all recent

cases, was $89\frac{1}{2}$ in 1843; 79 in 1846; 72 in 1847; 86 in 1848; and of old cases, $31\frac{1}{2}$ in 1845; 28 in 1846; 17 in 1847, and 19 in 1848.

In the hospital of Augusta, Maine, the average time of recent cases recovered, was 157 days; that of old cases recovered was 229 days.

A Table showing the comparative cost to the State of twenty old and twenty recent cases of insanity, illustrating the importance, in an economical point of view, of placing such persons under treatment at an early period of their disease and of providing every means of treating them successfully in an Asylum, from the Kentucky Hospital records.

OLD CASES.				RECENT CASES.			
No.	Age.	Time spent in Asylum.	Cost of each case at \$65 per annum.	No.	Duration before admission.	Time spent in Asylum.	Cost of each case at \$1 50 per week.
1	47	20 years,	\$1,300 00	1	1 week,	36 weeks,	\$54 00
2	48	20 years,	1,300 00	2	7 weeks,	16 weeks,	24 00
3	52	17 years,	1,105 00	3	3 months,	32 weeks,	48 00
4	54	16 years,	1,140 00	4	2 months,	40 weeks,	60 00
5	47	17 years,	1,005 00	5	2 months,	20 weeks,	30 00
6	46	15 years,	975 00	6	2 months,	20 weeks,	30 00
7	51	14 years,	910 00	7	3 months,	12 weeks,	18 00
8	31	13 years,	845 00	8	1 month,	20 weeks,	30 00
9	33	11 years,	715 00	9	2 months,	28 weeks,	42 00
10	45	12 years,	780 00	10	3 months,	24 weeks,	36 00
11	37	10 years,	650 00	11	6 months,	24 weeks,	36 00
12	39	10 years,	650 00	12	6 months,	32 weeks,	48 00
13	33	12 years,	780 00	13	4 months,	28 weeks,	42 00
14	45	15 years,	975 00	14	4 months,	12 weeks,	18 00
15	48	16 years,	1,040 00	15	6 months,	8 weeks,	12 00
16	56	12 years,	780 00	16	1 month,	8 weeks,	12 00
17	44	13 years,	715 00	17	2 months,	24 weeks,	36 00
18	47	15 years,	975 00	18	1 month,	20 weeks,	30 00
19	36	13 years,	845 00	19	6 months,	12 weeks,	18 00
20	36	9 years,	580 00	20	1 month,	20 weeks,	30 00
			\$18,030 00				\$654 00

Aggregate cost of 20 old cases, \$18,030 00.

Aggregate cost of 20 recent cases, \$654 00.

Average time spent in Asylum by each, 14 years.

Average time spent in Asylum, nearly five months.

Average cost of each case, \$901 50.

Average cost of each case, \$32 14.

Table (from Dr. Aul's sixth report for 1844, of the State Hospital, at Columbus, Ohio,) showing the comparative expense of supporting old and recent cases of insanity.

No. of old cases.	Present age, . . .	Duration, in years of insanity before admission.	Cost of support before admission, at \$2 per week.	Age.	Number of recent cases.	Duration of insanity before admission.	Time, in weeks, spent in the Asylum.	Cost of cure at \$3 per week.
142	18		\$1,872 00	1	29	1 month,	20	\$60 00
245	11		1,144 00	2	22	6 "	18	54 00
335	13		1,352 00	3	35	5 "	15	45 00
440	12		1,248 00	4	26	4 "	9	27 00
538	15		1,560 00	5	41	8 "	43	129 00
638	10		1,040 00	6	37	5 "	16	48 00
742	10		1,040 00	7	27	7 "	59	177 00
840	15		1,560 00	8	34	4 "	15	45 00
940	20		2,080 00	9	31	1 "	18	54 00
1040	9		936 00	10	22	9 "	13	39 00
1150	10		1,040 00	11	18	1 week,	11	33 00
1248	11		1,144 00	12	29	2 months,	52	156 00
1345	9		936 00	13	23	5 "	25	75 00
1435	10		1,040 00	14	24	8 "	5	15 00
1557	27		2,808 00	15	28	2 "	13	39 00
1657	10		1,040 00	16	45	4 "	14	42 00
1728	13		1,352 00	17	28	4 "	26	78 00
1849	21		2,184 00	18	41	1 "	23	69 00
1943	15		1,560 00	19	24	3 "	15	45 00
2045	10		1,040 00	20	32	2 "	15	45 00
2129	14		1,456 00	21	20	5 "	33	99 00
2233	10		1,040 00	22	20	8 "	29	87 00
2340	28		2,912 00	23	21	5 "	8	24 00
2439	10		1,040 00	24	31	5 days,	16	48 00
2540	10		1,040 00	25	25	10 months.	25	75 00
			\$35,464 00					\$1,608 00

Average number of years for each case before admission into the asylum, $13\frac{1}{2}$.

Average number of weeks spent on the asylum, $21\frac{1}{2}$.

Average cost of each case before admission into the asylum, \$1,418 56.

Average cost of each recovery in the asylum, \$64 32.

Dr. Trezevant, long well known in the Southern States, as the counselling physician of the South Carolina State Hospital, in his report for 1847, presents a painful but exactly correct view of the evils of Alms-house treatment for the insane, and justly deprecates all treatment save that which is provided in rightly managed Hospitals. I quote from his own pages illustrative of this position :

"Much has been done, and much remains to be done, which I flatter myself will be accomplished ; but it will be the work of time, and the gradual enlightening of the minds of the community, and satisfying the commissioners of the poor of the actual necessity of sending *early* their insane to the Asylum. I have nothing to do with it politically, but it comes before me so frequently in the acts of some of the commissioners, daily and hourly, that I cannot but feel that it is a wonderful agent of mischief, even in that most humble portion of our State government. The law leaves it in a measure optional with the commissioners, and though imperative in its phraseology, yet it gives a discretionary power, and for fear of increasing the poor rates, many will, with the utmost purity of heart and genuine kindness of feeling, save the parish, but at the fearful sacrifice of the maniac. They will retain him at the poor house, where he can be kept for \$50 per annum, and perhaps eventually send him to the Asylum, as it has been done, with the skin literally roasted from his limbs by the fire, for the want of proper attention. Some wretched old crone, half crazed herself, or unable to move about, the partaker of their charity, is installed as the keeper of the insane, and the effect of their injudicious parsimony is very speedily made obvious, by the wanderings of the maniac, the trouble he occasions in the neighborhood, or the injuries inflicted on him by those who, ignorant of his misfortune, deem him an impudent and troublesome vagrant. The law should be positive—for his being placed in the institution erected by the State for his especial benefit—there should be his location, and it should be the pride of every resident of the district, to see that the wretched maniac was sent to the place appropriated for his comfort and happiness."

The last annual report of the Directors of the Baltimore City Alms-house contains an appeal, to which innumerable facts might be added, in support of the plea for hospitals for the relief of the disease.

"Insanity," writes the Secretary, "is an affliction that appeals urgently to the sympathies of a benevolent and enlightened public. To omit providing the means which may contribute to the comfort and recovery of those who are visited by this awful calamity, is like denying the physician to the sick, and medicine to those who must perish without it."

If the Alms-house is an unfit receptacle for the insane, and cure in these institutions hopeless, how much more objectionable are the dungeons of the county jails. To look for suitable care or recovery in these, is to anticipate results which cannot be realized; and who is ready to consign his child, his father, brother, wife or

sister, to the prisons of the State, when their cruel misfortune, in the loss of their reason, appeals in most touching force for restoring and beneficent guardianship and cure?

It is well known that domestic family care for the insane is unavailing. No home restraints or cures however, sustained by the largest riches, are accompanied or followed by a cure of the malady.

"An Asylum or more properly a Hospital for the insane," writes Dr. Bell of the McLean Hospital, "may justly be considered an architectural contrivance as peculiar and characteristic to carry out its designs, as is any edifice for manufacturing purposes to meet its specific end. It is emphatically an instrument of treatment comprising, under this term, the curative and custodial management of the insane. Perhaps there are few undertakings in which failure would be certain or more irremediable than in the attempt to contrive adequate arrangements by those possessed of no thorough and personal practice in the art of treating the insane. The signal failure of these institutions throughout Europe, and useless enough they are too, while the hand of the mere architect is seen contrasted with those in which the scientific and experienced physician, and the constructor have united their labors, leave this point too clear for further illustration. The proper construction must rest to a considerable degree upon authority, or the settled opinions of those whose duties and studies may enable them to present *experience* as the ground work, and *not experiment*." See letter to commissioners appointed to erect an Asylum for the insane at Kingston, Jamaica.

I have observed, that by an act passed in 1848, in this State, see State documents, March 4th, page 177, chap. 66, sec. 2d; that "lot No. 6, North of the city of Jackson, and containing 5 acres, was granted as a site for a State Asylum, or more correctly a hospital, for the insane. Manifestly the most general acquaintance with the plans and purposes for these institutions, would show the entire unsuitableness of this location, and the commissioners were urged by a just sense of their obligations to perform a suitable work for the State, to select and purchase a farm and site in a more fit location, and accordingly, secured 140 acres of land, about two miles distant from Jackson, for the small sum of \$1,750 00.

Will the legislature of Mississippi hesitate, or refuse to imitate the liberal and enlightened policy of its sister States, and in the spirit of a mistaken parsimony defer, or imperfectly accomplish a work already unwisely delayed? Will she abandon her distressed children to the poor houses, the prisons, or to the charities of other States?

Go to the cells and the dungeons of your poor houses, and your jails. In imagination for a short time, place yourselves in the condition of the imprisoned neglected maniac; enter the horrid noisome cell; invest your shrinking limbs with the foul tattered garments which refuse a decent protection; cast yourselves upon

the loathsome heaps of filthy straw ; find companionship, if your drear solitude is ever broken, in association with the gibbering idiot, or the base criminal, the abandoned felon ; listen to your own hideous shrieks and groans, or to the cries and wailings of wretches as miserable as yourselves ; call for help, and succor, and release ; for blessed words of soothing and kind offices of care, till the dull walls weary in sending back the echo of your moans ; then, in recalling self-recollection, if the mind is not quite overcome under the imagined misery, of what, alas, is real, long suffered distress to others, return to the consciousness of your sound intellectual health, and say, if any exertions, any sacrifices, any labor, any cost is too much or too great, for arresting the strong, steady increase of insanity within your borders ? Every year adds to the numbers of *incurable* patients, whose restoration, had the benefits of hospital care been supplied, would have been certain in the largest proportion of cases, and to all, when cure is not wrought, comfort and alleviation might have been assured. *Look at the recent cases, and declare if you are prepared to legislate so as to assure the death of the intellect!* You would not condemn the base felon, the hardened atrocious criminal, to a sudden, certain physical death, without first employing all legal means to save and restore him to a correct moral life ; how then shall you find reason or justification for denying to the *sick* the only means of healing, which science, and skill, and humanity, have suggested or devised ? Men of Mississippi, I ask you to be *just*, not *generous* ; to perform an obligation, not to adopt an expedient. I ask you with earnest importunity ; an importunity created and sanctioned by the known necessities of the case, to amend the work your predecessors commenced, with insufficient knowledge of the peculiar construction required in hospitals for the insane ; the greater expense inevitable on the establishment of the same, and the distressed condition, and large numbers of those needing cure and protection in this State.

I urge you, legislators of Mississippi, to make such appropriations for completing the edifice, the foundation of which is already laid, as shall be creditable to your hearts as humane men, to your true interests as citizens, and to your sound judgment as legislators ; such appropriations as shall honor and be honorable for your State, redeeming her from the imputation of insensibility to her just obligations, and of procrastination in responding to the cries of her suffering children !

I will not presume on urging you by additional arguments, which would be but to question your discernment, and to impugn your good sense.

I leave with you, for your liberal and just legislation, the cause of those who tremble on the verge of *mental death* ; upon whose intellectual life, whose *earthly* salvation, you are here, through your civil trust, required to adjudicate. Respectfully submitted,

JACKSON, February 6th, 1850.

D. L. DIX.

